## **ANSWER - SMALL CLAIMS**

JD-CV-40A1 Rev. 7-18 P.B. §§ 24-12, 24-14, 24-16, 24-19

## STATE OF CONNECTICUT SUPERIOR COURT SMALL CLAIMS SESSION www.jud.ct.gov

**ADA NOTICE** 

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

Docket Number

Name of Case

NHH-CV-21-6013744-S

264 HUNTINGTON, LLC v. RAMIREZ, HONORIO Et AI

Defendant Address: HONORIO RAMIREZ 238 W. HAZEL STREET NEW HAVEN, CT 06511 Court Address:

Notice Issued Date: 06/14/2021

SUPERIOR COURT

**NEW HAVEN HOUSING SESSION** 

**121 ELM ST** 

**NEW HAVEN, CT 06510** 

Phone: 203-789-7937

Fax: 203-773-6795

## Instructions:

- 1. To answer this claim, fill out this form and file it with the clerk. Send a copy to each Plaintiff (or representative for the plaintiff) and fill out the Certification below.
- 2. Please read the Information about the Answer Form on the back.

his is your Answer Date <u>07/09/2021</u>	(This is <b>NOT</b> your co	ourt date)	
response to the claim for: \$5,000.00 plus			heck all boxes that apply)
I disagree with the claim because: (State be (trial) with a magistrate and the magistrate will why you disagree and can give the court documents of the court do	elow why you disagree; be b I decide what, if anything, yo	orief but specific. You will bu owe. At the hearing (t	l be given a hearing rial) you can explain
I admit I owe part of the claim: (Give the rea with a magistrate and the magistrate will dete	asons why you do not owe th rmine what you owe).	he entire amount. You w	ill be given a hearing
I admit I owe the claim but need more time payments that you suggest. If you do not, and payments of \$35 each week until the judgment agree, a hearing will be scheduled. A judg security deposit, will be ordered paid in a lum	d you are an individual, the c nt is paid. If you ask to pay k ament against a business an	court will enter a judgmei ess than \$35 per week.	and the plaintiff does
Counterclaim Notice: f you file a Counterclaim it must be filed with the			
Counterclaim: The plaintiff owes money to n	ne in the amount of	for the follow	ring reasons.
Certification: I certify that a copy of this document we date) to all attorneys and self-re ecceived from all attorneys and self-represented particular and address of each party and attorney that copy was or will be the office of the original attorney that copy was or will be the original attorney that copy was or will be the original attorney that copy was or will be the original attorney that copy was or will be the original attorney that copy was or will be the original attorney that copy was or will be the original attorney to all attorneys and self-represented particular attorneys and attorneys and self-represented particular attorneys and attorneys and self-represented particular attorneys and attorneys and attorneys at	presented parties of record and es of record who received or with the mailed or delivered to*	that written consent for el	ectronic delivery was
If necessary, attach additional sheet or sheets with name a			
signature A	Print name and title of person s		Date signed  9/20/22
		Telephone number	I to be for the many in a maning of
Mailing address (Mamber, street, town, state and zip code)		'	Juris No. (if attorney is signing)
Mailing address (Mamber, street, town, state and zip code) 238 W. HJEC 57. NEW HJEL	, 0, 06511	(265) 392-4105	, , , , , ,